

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

\$10.00 Temporary Permit Fee

CHIROPRACTIC EXAMINING BOARD

APPLICATION FOR TEMPORARY CHIROPRACTIC LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. **Sex:** ☐ M ☐ F **Ethnic:** ☐ White, not of Hispanic origin ☐ American Indian or Alaskan
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
☐ Hispanic ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

1. COLLEGE OF CHIROPRACTIC	SCHOOL CODE	GRADUATION DATE
_____	_____	_____

2. LIST STATE(S) IN WHICH YOU ARE LICENSED AS A CHIROPRACTOR.		
State	License Number	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. HAVE YOU BEEN ENGAGED IN THE ACTIVE PRACTICE OF CHIROPRACTIC IN ONE OR MORE JURISDICTIONS IN WHICH YOU HAVE A CURRENT LICENSE?

☐ YES ☐ NO If yes, list: City/State _____ Dates _____

4. IS YOUR CHIROPRACTIC LICENSE NOW SUBJECT TO DISCIPLINARY PROCEEDINGS IN ANOTHER STATE?

☐ YES ☐ NO If yes, in which state? _____

5. HAS YOUR LICENSE(S) TO PRACTICE CHIROPRACTIC EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE(S) IN ANY OTHER JURISDICTION?

☐ YES ☐ NO If yes, give details on an attached sheet.

For Receipting Use Only

State of Wisconsin Department of Regulation & Licensing

6. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW GOVERNING THE PRACTICE OF CHIROPRACTIC?

☐ YES ☐ NO If yes, give details on an attached sheet.

7. HAVE YOU OR YOUR CLINIC EVER BEEN THE DEFENDANT IN A LAWSUIT ALLEGING ANY FORM OF MALPRACTICE OR INCOMPETENCE IN THE PRACTICE OF CHIRPRACTIC OR ANY OTHER PROFESSIONAL SERVICES?

☐ YES ☐ NO If yes, submit a copy of the suit or claim of the final settlement or disposition.

A "YES" ANSWER TO THE FOLLOWING QUESTION IS NOT AUTOMATIC DENIAL OF LICENSE. A FORM WILL BE SENT TO YOU REQUESTING SPECIFIC INFORMATION RELATIVE TO YOUR CONVICTION/ARREST RECORD.

8. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

☐ YES ☐ NO If yes, give details on an attached sheet.

9. STATE THE PURPOSE OF THE TEMPORARY LICENSE

☐ **ATHLETIC EVENT**/☐ **ARTISTIC EVENT**

IDENTIFY THE ORGANIZATION(S) YOU WILL BE ACCOMPANYING:

LIST THE LOCATION(S) and DATE(S) OF THE EVENT(S):

(Locations)

(Dates)

☐ **INSTRUCTOR FOR A SPECIFIC EDUCATION SEMINAR.** LIST THE EDUCATIONAL SEMINAR SPONSOR(S), NAME OF COURSES(S), AND DATE(S):

(Sponsors)

(Courses)

(Locations)

(Dates)

(Use Additional Sheets If Necessary)

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the law or rules of either the Chiropractic Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 19 _____

Signature of Notary Public

SEAL

Date Commission Expires